

Glaucoma



THE COLLEGE
OF OPTOMETRISTS

Overview

Glaucoma is a group of eye diseases in which the optic nerve, which connects your eye to your brain, is damaged by the pressure of the fluid inside your eye.

This may be because the pressure is higher than normal, or because the nerve is more susceptible to damage from pressure. This may affect one or both of your eyes. There are two main types of glaucoma: chronic glaucoma, which happens slowly; and acute glaucoma which happens quickly. Chronic glaucoma is much more common than acute glaucoma.

If you have any concerns about the health of your eyes, please visit your local optometrist. Optometrists are the eye health specialists on the high street. An eye examination is a vital health check and should be part of everyone's normal health care.

The risk of glaucoma increases as you get older.

Chronic glaucoma

Who is at risk of chronic glaucoma?

Anyone can develop chronic glaucoma. The risk of developing chronic glaucoma increases if you:

- are aged over 40
- are very short-sighted
- are of African or Caribbean origin
- are closely related to someone with chronic glaucoma
- have raised pressure within your eye. This is called ocular hypertension (OHT).

If one of your parents or children, or a brother or sister, has glaucoma, and you are over 40, the NHS will pay for your eye examination. (In Scotland all eye examinations are provided under the NHS.)

How is chronic glaucoma detected?

Because the early stages of chronic glaucoma do not cause symptoms, the best way to catch it early is to have regular eye examinations.

Normal



With glaucoma



A person with glaucoma may see blurring around the outside of their vision, but this is usually when glaucoma is well advanced. Catch it early to avoid this.

There are three main tests to see if you have chronic glaucoma. The first one is where your optometrist looks at the nerve at the back of your eye using an ophthalmoscope, or a slit lamp to shine a light into your eye. They may also take a photograph or a scan of the nerve. This can be useful for future visits, to help them see if things have changed.

The second test is where the optometrist measures the pressure inside your eye. This may be done by using a machine which gently blows a puff of air at your eye, or by numbing your eye with drops and then gently pressing an instrument called a tonometer against it. The tests do not hurt, although the puff of air may make you jump a bit.

The third test is where the optometrist tests how wide your visual field is – how far you can see around you when you are looking straight ahead.

Sometimes you can have chronic glaucoma even if you have normal eye pressure, which is why you will usually have at least two of these three tests. If the results are not clear, you may be asked to do one or more of the tests again on a different day.

I have been told that the pressure inside my eye is high, but I do not have glaucoma

Some people naturally have pressure that is above the normal range, but this pressure does not cause any damage to their eyes. This means they do not have glaucoma. However, they are more likely to develop chronic glaucoma, so your optometrist or ophthalmologist (a specialist eye doctor) will tell you how often you should have this checked.

What will happen if I have chronic glaucoma?

If your optometrist suspects that you may have glaucoma, he or she will refer you to an ophthalmologist. If you have chronic glaucoma, you will be given eye drops to use every day. They will reduce the pressure and help control the build-up of fluid. They will not hurt.

Because you will not feel different in any way, you will not be able to tell that the treatment is working. This is why it is very important that you:

- go to your follow-up appointments; and
- keep on using the drops. If you find it hard to use the eye drops, you can get special bottles or holders to make it easier.

In a small number of cases, an ophthalmologist may recommend that you have an operation to help drain away the fluid.

There is no cure for chronic glaucoma but it can be treated effectively, normally with eye drops. Any existing eye damage will probably be permanent, but your sight could get much worse if you stop the treatment. It is very important that you use the eye drops every day, even if you cannot tell that they are helping.

I have glaucoma. Can I drive?

If you drive a car and have been diagnosed with glaucoma in both eyes, this will affect the amount you can see, and the law says that you must tell the DVLA (Driver and Vehicle Licensing Authority). You may have to take some extra tests, but most people are still allowed to carry on driving. You can find out more at www.direct.gov.uk/driverhealth.

Acute glaucoma

This is a type of glaucoma where the drainage channels inside your eye are blocked or damaged in some way. This causes the pressure inside your eye to increase rapidly.

Because chronic glaucoma causes no symptoms at first, if you are at risk you must have regular eye examinations to detect it early.

Sometimes the increased pressure can come and go, and some people get short bursts of pain and/or discomfort and blurred vision. This can happen when your pupils get bigger, so it may be at night or when you are in a dark area (like the cinema) or when you are reading.

Other symptoms are an ache in the eye which comes and goes, red eyes, or seeing coloured rings around white lights, or it can be a bit like looking through a haze or mist.

If you get these symptoms it is important to act quickly, even if the symptoms appear to go away, as your vision may be damaged each time the symptoms occur.

If you have these symptoms but they have gone away you should see your optometrist as soon as possible and mention that you have had these symptoms. If you have these symptoms and they have **not** gone away you should go to the Accident and Emergency department immediately so that the pain and the pressure in the eye can be relieved.

People who are more likely to get acute glaucoma are:

- people over the age of 40
- women
- people of East Asian or South Asian origin
- people with a family history of closed-angle glaucoma
- people who are long-sighted.



For more information, look up glaucoma on the NHS Choices website www.nhs.uk, or phone SightLine, an information, support and advice service provided by the International Glaucoma Association, on 01233 648170, or visit www.glaucoma-association.com.

For more information, please talk to your local optometrist.

This leaflet is produced by the College of Optometrists, the professional, scientific and examining body for optometry in the UK. Our members use MCOptom or FCOptom after their name. Membership of the College shows their commitment to the very highest clinical, ethical and professional standards. Look for the letters MCOptom or FCOptom to see if your optometrist is a member.

Please visit www.lookafteryoureyes.org for more information.

This information should not replace advice that your optometrist or other relevant health professional would give you.

YOUR LOCAL OPTOMETRIST

If you would like this leaflet
in large print, please email
patients@college-optometrists.org

The College of Optometrists
42 Craven Street
London, WC2N 5NG
Tel: 020 7839 6000

 lookafteryoureyes.org
 facebook.com/Lookafteryoureyes
 twitter.com/your_eyes_UK

© College of Optometrists 2015

